



Animal Bites

Training Module

October 2011





Welcome to I-NEDSS

The **I**ndiana **N**ational **E**lectronic **D**isease **S**urveillance
System training program!

This training module introduces users to Animal Bite
reporting via I-NEDSS.

This module also presents the electronic process and
workflow of Animal Bite reporting.



410 IAC

410 IAC 1-2.3-52 Animal bites; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 15-17-6-11; IC 16-41-2; IC 16-41-9

Sec. 52. (a) The specific control measures for animal bites are as follows:

- (1) Every case of a human bitten by a domestic or wild mammal shall be **reported within twenty-four (24) hours to the local health officer having jurisdiction**. If a physician is in attendance, the physician shall report the bite. It shall be the duty of the local health officer to report information concerning the bite on the prescribed form. The report shall include requested information on postexposure rabies prophylaxis if it is being administered to the bite victim. Each reported bite shall be investigated immediately by the local health officer. This investigation shall be conducted with the purpose of determining the need for postexposure rabies prophylaxis of the bite victim and either:
 - (A) imposing a ten (10) day observation period on the biting animal (dog, cat, or ferret only) to determine if the animal was capable of transmitting rabies at the time of the biting incident; or
 - (B) submission of the head, if the biting animal is a potential rabies vector, to the department laboratory to determine if it was infected with rabies.

To review the remaining control measures of Animal Bites, click link in the CD List located in I-NEDSS.



Who reports animal bites?

- Animal Control Officers
- Hospital Infection Preventionists
- Physicians
- Local Health Departments
- Humane Societies
- Police Officers
- Others?

*Animal bites can be reported via I-NEDSS by an authorized I-NEDSS user.



Animal bites to report:

- Any mammal bite



Animal bites not to report:

- Arthropods (insects)
- Reptiles
- Amphibians
- Birds
- Fish

I-NEDSS is changing Indiana's communicable disease reporting method

Paper reporting form:

Official Indiana Animal Bites Report
Indiana State Department of Health
State Form 14072 (R3/4-04)

Incident Location Address _____
County _____
Exposure Date ____/____/____
Reported Date ____/____/____
Reported Time _____
Release Date _____

Reporting Agency Case Number _____
Reported by (name) _____
Reported by (phone) _____
Received by (name) _____
Reporting Agency _____
Bite Classification (see reverse side of this page to classify) ____/____/____
Incident On Off Property
Victim Type (circle 2)
Human Animal / Juvenile Adult

VICTIM INFORMATION				OWNER INFORMATION			
Victim	Person bitten (if animal victim, use this space for animal victim's owner):			Owner of Animal:			
	Last Name _____			Last _____ First _____ Mid. _____ Date of Birth _____			
	First Name _____			Street Address _____ City _____ Zip _____ Sex _____ M F			
	Date of Birth ____/____/____ Sex <input type="radio"/> M <input type="radio"/> F			Home Telephone _____ Work Telephone _____			
Parent	Parent if victim is a juvenile:			Biting Animal			
	Last _____ First _____ Mid. _____			Dog Cat Other Color/Markings _____ Name _____ Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Neutered <input type="radio"/> Y <input type="radio"/> N			
Animal	Street Address _____ City _____ Zip _____ Telephone Home: _____ Work: _____			Breed _____			
	Animal's Veterinarian _____			Prior Incidents _____			
	Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N Date ____/____/____			Rabies Tag Number _____ License Number _____ Microchip Number _____ Citation issued? <input type="radio"/> Y <input type="radio"/> N			
	Location of Quarantine _____			Released from Quarantine by (name): _____ Owner release card (date received): _____			
If animal victim: Breed/Species _____ Color/Markings _____ Name _____ Vaccine Date (rabies) _____				Date of Quarantine _____ Quarantined by (name) _____ Release Date _____			
(if animal victim) Quarantined? Yes No				Time of bite _____ Treating Physician (or veterinarian) Name: _____ Telephone: _____			

I-NEDSS electronic reporting:

Report Information Victim Information Owner Information Comments

Incident location address: _____
County: --Select County--
Exposure Date: _____
Reported Date: _____
Reported Time: _____
Reported by (name): _____
Reported by (phone): () - - X
Received by (name): _____
Received by (phone): () - - X
Release date: _____
Reporting agency case number: _____
Reporting agency: _____
Bite classification: _____
Was incident on property? ☐ Yes ☐ No ☐ Unknown
Biting Animal Species: _____
Did the animal exhibit any of the following:
☐ Aggression
☐ Convulsions



How to become an I-NEDSS user:

- Contact the I-NEDSS Support Desk:
I-NEDSS@isdh.IN.gov or call 317.233.7379
- Credentials must be confirmed by ISDH
- Training is provided via ISDH Field Staff

New Organization Type

Animal Quarantine Facilities can now become users of I-NEDSS for reporting animal bites.

My Detail

Below is a detailed list of your current logon session status:

Logged in As:	Arthur Wellesley
Email:	awellesley@nomail.org
Organization:	NEW CASTLE HUMANE SOCIETY
Organization Type:	Animal Quarantine Facility (54)
User Role:	Hospital - User



Contact the I-NEDSS Support Desk to become an I-NEDSS user:
I-NEDSS@isdh.IN.gov or call 317.233.7379



I-NEDSS Reporting Features

- Electronic reporting saves time & paper
- Easy to use Internet web browser-based system
- Database of patient demographics & historical records
- Online entry of data, inquiries and updates
- Print and report options available
- I-Mail securely sends sensitive patient data
- I-Reports generates user-based activity reports
- Automatic notifications are sent to LHD and ISDH

Acronyms & Info to Know

- AQF Animal Quarantine Facility
- CDR Communicable Disease Report
- EPI Epidemiologist
- IAC 410 Indiana Administrative Code 410
(Communicable Disease Reporting Rule)
- IP Infection Preventionist
- ISDH Indiana State Department of Health
- LHD Local Health Department
- SME Subject Matter Expert (a.k.a. EPI)



Accessing I-NEDSS

- Authorized log-in ID (username) required
- Password required
- Contact Support Desk for user access
- Initial User Training required (3 hours)

Reminders:

- Automatic system time-out after 30 minutes of inactivity
- User deactivation if no system activity in 90 days

To Report an Animal Bite (non-LHD role):

- Log-in I-NEDSS
- Search for patient (victim) name
- Create patient file if name is not found in database
- Open patient file
- Add CDR (Disease = Animal Bite)
- Animal Bites Case Investigation form appears
- Complete & submit form(automatically sent to LHD)
- After report is reviewed by LHD, reporter can File CDR

I-NEDSS Homepage




Indiana National Electronic Disease Surveillance System

[Home](#) [I-Mail](#) [Patient](#) [My Profile](#) [I-Reports](#)

 Home  Training  I-Forum  CD List  Support

Login Status: Kristi Bennett - NEW CASTLE HUMANE SOCIETY (Hospital - User) 

Welcome

This site is home to Indiana's version of the National Electronic Disease Surveillance System ([NEDSS](#)).

 This is the I-NEDSS TEST database environment. 2/10/2011 8:56:21 AM

 At this time there is an issue with STD ELRs submissions. This is currently being addressed. 3/23/2011 7:14:51 AM

[Release Notes](#) 

My Reports

[Your Organization has 3 active CDR\(s\)](#)

Communicable Disease Reports (2)

Print  Options 

INEDSS ID	Condition	Patient Name	Report Date	Submitted	Reviewed		
439576	Animal Bites	<u>DANE, TAYLOR</u>	10/11/2011	✗	✗	View	File
439537	Animal Bites	<u>JONES, ALLEN</u>	09/27/2011	✓	✗	View	File

All names
and data on
slides is
fictional test
data

Last revision 10/20/2011

Search for Patient File

Patient Search

Patient

 | Condition

First Name: john

Soundex ▼

Middle Name:

Soundex ▼

Last Name: doe

Soundex ▼

Birth Date: Month ▼ And/Or Year ▼

Gender: --Select Gender-- ▼

Advanced Search (Show Details...) ▼

RESET

SUBMIT

Search Results (3)

Patient ID	Patient Name▲	Address	County	Birth Date	Gender
P486953	DOE, JOHN		Parke	01/01/1978	M




Click patient name to open patient file


Create Patient only if not found

The screenshot shows a web application interface. At the top, there is a navigation bar with buttons for 'Home', 'I-Mail', 'Patient', 'My Profile', and 'I-Reports'. Below this is a secondary bar with 'Search', 'Create' (circled in red), and 'Support'. A 'Logout' link is in the top left. The main content area is titled 'Create New Patient' and contains a form with the following fields:

- * Indicates Required field.**
- Patient Name.**
 - *First: john
 - Middle:
 - *Last: doe
 - Suffix:
- If child, name of parent below.**
 - Parent First:
 - Parent Middle:
 - Parent Last:
- *Gender: --Select Gender--
- Mother's Maiden Name:


Open Patient File


 Logout

 **IN EDSS**
Indiana National Electronic Disease Surveillance System

Home | I-Mail | Patient | My Profile | I-Reports

Search | Create | Patient File | Create Lab | Add CDR | TB Forms | Support

Login Status: Kristi Bennett - NEW CASTLE HUMANE SOCIETY (Hospital - User) 

 **Patient Demographics**

Name: JOHN DOE
Patient ID: P487027
Mothers' Maiden: N/A
Address: 123 MAIN ST., APT 13
YOURTOWN, IN 46204
County: MARION
Telephone Number: N/A
Date of Birth: 3/27/1962
Age: 49 Years
Multiple Birth: No
Gender: MALE
Race(s): OTHER/MULTIRACIAL
Ethnicity: UNKNOWN


Physician's Name: Dr. Timothy Winters
Phone Number: (800)555-1212


Fax Number:
Address: 403 UNIVERSITY BLVD
INDIANAPOLIS, IN 46202-5148

Occupation: N/A

EDIT DEMOGRAPHICS


Patient's Reports | Patient Notes

Reports for JOHN DOE. 

Grid Options: 

Communicable Disease Reports (0)

* No Communicable Disease Reports exist for this person.

Grid Options: 

Lab Reports (0)

* No Lab Reports exist for this person.

Click Add CDR

[Logout](#)

[Home](#) [I-Mail](#) [Patient](#) [My Profile](#) [I-Reports](#) [Add CDR](#) [TB Forms](#) [Support](#)

[Search](#) [Create](#) [Patient File](#) [Create Lab](#)

Login Status: Kristi Bennett - NEW CASTLE HUMANE SOCIETY (Hospital - User)

Patient Demographics

Name: JOHN DOE
Patient ID: P487027
Mothers' Maiden: N/A
Address: 123 MAIN ST., APT 13
YOURTOWN, IN 46204
County: MARION
Telephone Number: N/A
Date of Birth: 3/27/1962
Age: 49 Years
Multiple Birth: No
Gender: MALE
Race(s): OTHER/MULTIRACIAL
Ethnicity: UNKNOWN
Physician's Name: Dr. Timothy Winters
Phone Number: (800)555-1212
Fax Number:
Address: 403 UNIVERSITY BLVD
INDIANAPOLIS, IN 46202-5148
Occupation: N/A
[EDIT DEMOGRAPHICS](#)


Patient's Reports

Reports for JOHN DOE.







Communicable Disease Reports (0)
* No Communicable Disease Reports exist for this person.


Lab Reports (0)
* No Lab Reports exist for this person.

Select “Animal Bites” for Disease

 Logout

[Home](#) [I-Mail](#) [Patient](#) [My Profile](#) [I-Reports](#)

 Search |  Create |  Patient File |  Create Lab |  Add CDR |  Support


Login Status: Kristi Bennett - NEW CASTLE HUMANE SOCIETY (Hospital - User) 

Communicable Disease Report

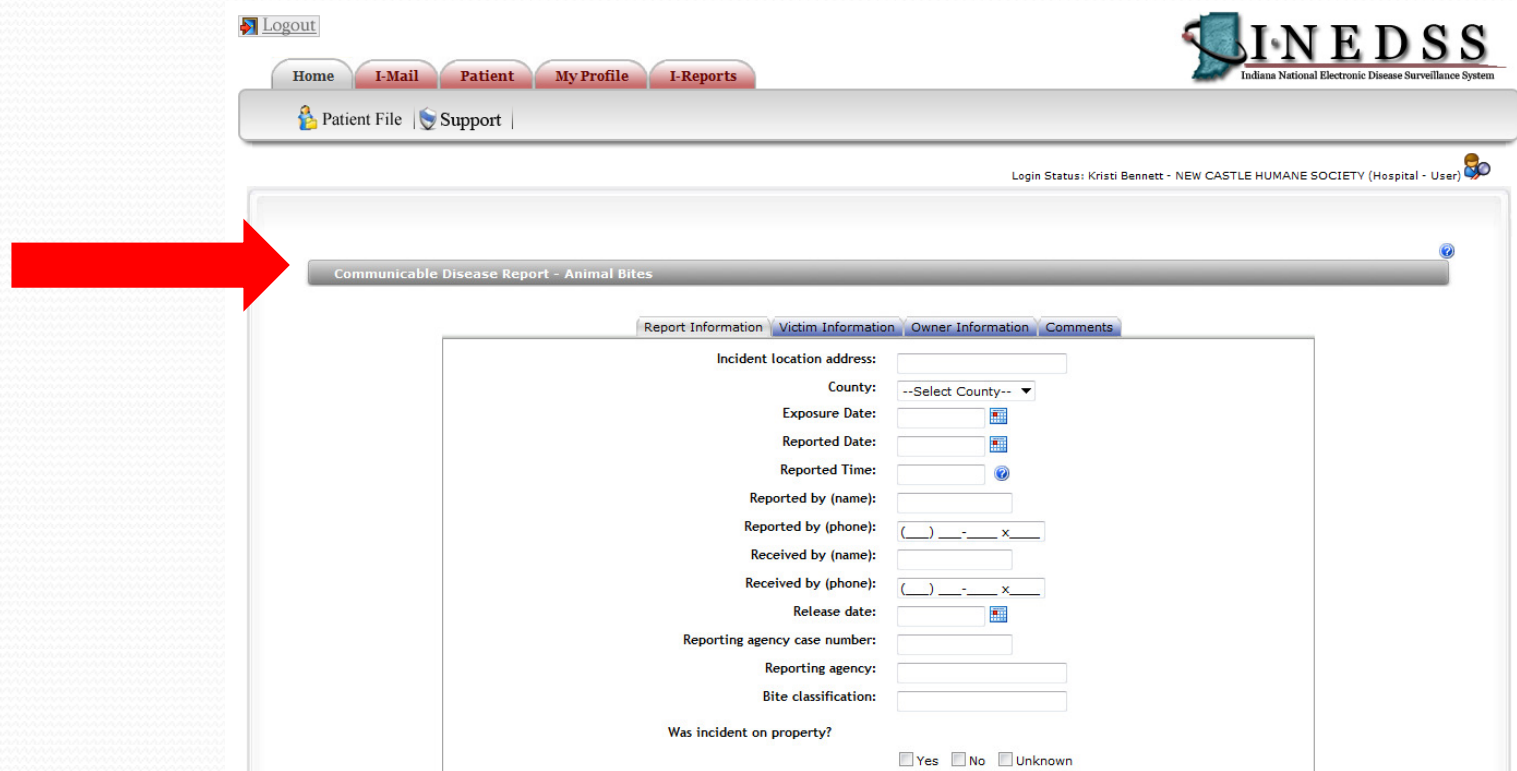
Name: JOHN DOE
County of Residence: MARION
Date of Birth: 3/27/1962
Age: 49 Years
Gender: MALE

Demographic Information (Show Details...) ▼

Disease: --Reportable Disease List-- ▼

Report Date: 10/12/2011 

Animal Bites Case Investigation form is displayed for entry:



The screenshot displays the INEDSS (Indiana National Electronic Disease Surveillance System) web interface. The top navigation bar includes links for Logout, Home, I-Mail, Patient, My Profile, and I-Reports. Below this is a secondary bar with Patient File and Support links. The user's login status is shown as 'Kristi Bennett - NEW CASTLE HUMANE SOCIETY (Hospital - User)'. The main content area features a tabbed interface with 'Report Information', 'Victim Information', 'Owner Information', and 'Comments'. The 'Report Information' tab is active, showing a form for 'Communicable Disease Report - Animal Bites'. A red arrow points to the title bar of this form. The form fields include:

- Incident location address:
- County: --Select County--
- Exposure Date:
- Reported Date:
- Reported Time:
- Reported by (name):
- Reported by (phone):
- Received by (name):
- Received by (phone):
- Release date:
- Reporting agency case number:
- Reporting agency:
- Bite classification:
- Was incident on property? ☐ Yes ☐ No ☐ Unknown

Report Information

Communicable Disease Report - Animal Bites

Report Information | Victim Information | Owner Information | Comments

Incident location address: 1000 E. County Line Road

County: Johnson

Exposure Date: 09/30/2011

Reported Date: 10/03/2011

Reported Time: 08:00 AM

Reported by (name): Humane Society

Reported by (phone): (800) 555-1234 x

Received by (name): J. Mitchell

Received by (phone): () - x

Release date:

Reporting agency case number: AB-2011-189

Reporting agency: HSNC

Bite classification:

Was incident on property?
☒ Yes ☐ No ☐ Unknown

Biting Animal Species: Dog

Did the animal exhibit any of the following:
☐ Aggression

Necessary data includes:

- Incident location address,
- County
- Exposure Date
- Victim first and last name,
- Species

Victim Information

Communicable Disease Report - Animal Bites

Report Information Victim Information Owner Information Comments

Person bitten/Animal victim's owner:

Name: JOHN DOE

Patient ID: P487027

Mothers' Maiden: N/A

Address: 123 MAIN ST., APT 13
YOURTOWN, IN 46204

County: MARION

Telephone Number: N/A

Date of Birth: 3/27/1962

Age: 49 Years

Multiple Birth: No

Gender: MALE

Race(s): OTHER/MULTIRACIAL

Ethnicity: UNKNOWN

Physician's Name: Dr. Timothy Winters

Phone Number: (800)555-1212

Fax Number:

Address: 403 UNIVERSITY BLVD
INDIANAPOLIS, IN 46202-5148

Occupation: N/A

EDIT DEMOGRAPHICS

Owner Information

Communicable Disease Report - Animal Bites


Report Information Victim Information **Owner Information** Comments

Owner of Animal:

Last name:

First name:

Middle name:

Date of birth: 

Street address:

City:

Sex:

Home phone:

Work phone:

Biting Animal:

Breed:

Color/Markings:

Name:

Sex:


Neutered:

Animal's Veterinarian:

Name:

Phone:

Rabies vaccine:

Vaccination date: 

Comments

Communicable Disease Report - Animal Bites



Report Information Victim Information Owner Information Comments

Comments:

Victim was treated at hospital.

Attachment & Saving the CDR

Attachments (Hide...) ▲

File Name	File Description	
Lab report for patient.doc	rabies test	 

Add attachment: (4MB max file size) **File Description:**

[\[x\]](#)

The Animal Bites reporter may Save & Submit once all data is completed. Submitted CDR is transmitted to proper LHD.

My Reports (Homepage)

My Reports

[Your Organization has 4 active CDR\(s\)](#)

Communicable Disease Reports (3)

Print

Options

INEDSS ID	Condition	Patient Name	Report Date	Submitted	Reviewed		
439576	Animal Bites	DANE, TAYLOR	10/11/2011	✗	✗	View	File
439587	Animal Bites	DOE, JOHN	10/18/2011	✓	✗	View	File
439537	Animal Bites	JONES, ALLEN	09/27/2011	✓	✗	View	File

The Animal Bites report is checked as “Submitted.” Once CDR is reviewed by the LHD, the Reporter may “File” CDR (this removes CDR from My Reports).



LHD Role

LHD must review all Animal Bite notifications.

Upon receipt of Animal Bite notification, start a case investigation.

Review submitted information and confirm that the following is recorded:

- Incident Location Address
- County
- Exposure date
- Victim Last and First name
- Species (animal identification or other)




LHD Role continued

After receiving and confirming necessary data, submit Animal Bite Case Investigation for Review.

After submitting, the case appears as Submitted and Reviewed in My Reports on Homepage. The case may be “Filed” which removes the case from My Reports.

If LHD initiates an Animal Bite report, LHD should initiate a Case Investigation (not a CDR) to record and submit data in I-NEDSS.

LHD Starts Case Investigation

Notifications					
Communicable Disease Report Notifications (4) —					Print 
INEDSS ID	Condition	Patient Name	County	Report Date	
439521	Animal Bites	<u>LANE, LOIS</u>	Johnson	09/23/2011	View
439588	Animal Bites	<u>RAYMOND, RACHEL</u>	Johnson	10/18/2011	View
439458	Animal Bites	<u>STRONG, VINCENT</u>	Johnson	09/07/2011	View
439023	Lyme Disease	<u>PETERSON, CELESTE</u>	Johnson	03/01/2011	View

When the LHD receives an Animal Bites notification, the Investigator clicks “View” to open the report and start a Case Investigation:

START INVESTIGATION

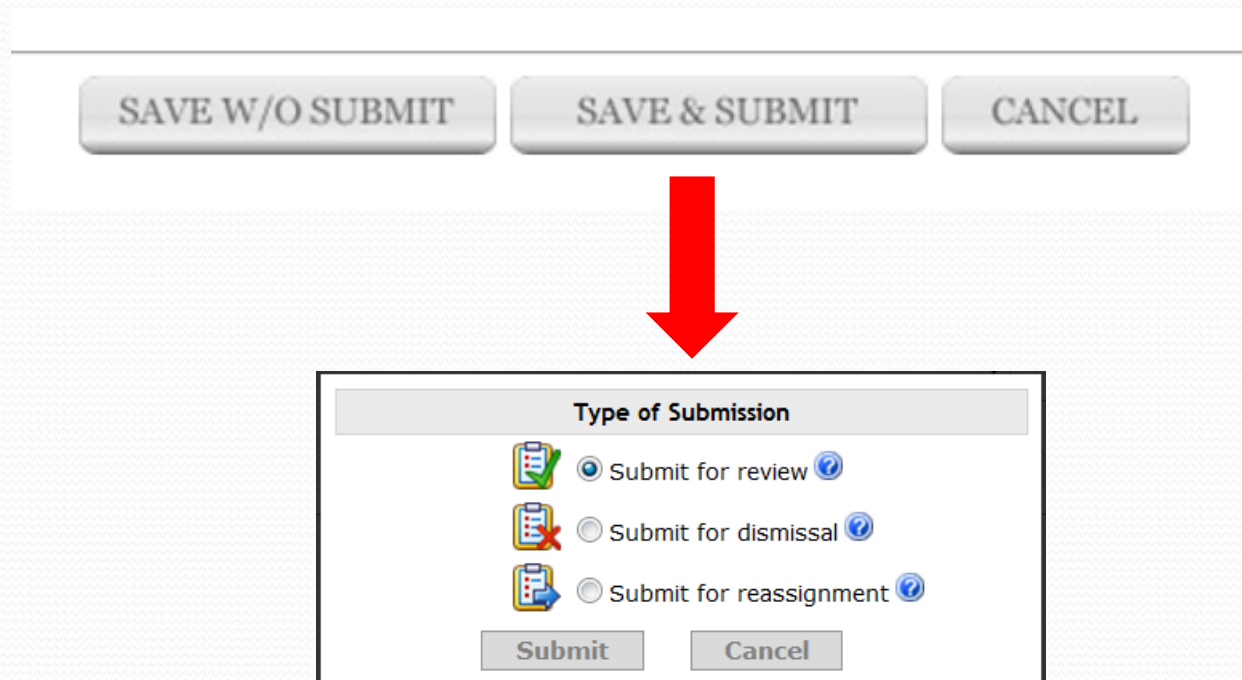
LHD Investigator confirms necessary data is present:

Report Information	Victim Information	Owner Information	Comments	Status
Incident location address: 101 Main St.				
County: Hancock				
Exposure Date: 10/03/2011				
Reported Date: 10/04/2011				
Reported Time: 10:00 AM				
Reported by (name): R. Kelley				
Reported by (phone): (317) 555-1212 x____				
Received by (name): Mike Pace				
Received by (phone): (____) ____-____ x____				
Release date:				
Reporting agency case number:				
Reporting agency:				
Bite classification:				
Biting Animal Species: Cat				
Was incident on property?: Not Answered				
Did the animal exhibit any of the following: <ul style="list-style-type: none">• Inability to eat/drink				

Necessary data includes:

- Incident location address,
- County
- Exposure Date
- Victim first and last name,
- Species

LHD Submits Case Investigation for Review



SAVE W/O SUBMIT SAVE & SUBMIT CANCEL

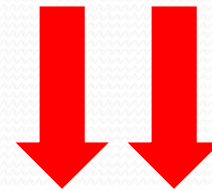
Type of Submission


- ☒ Submit for review
- ☐ Submit for dismissal
- ☐ Submit for reassignment

Submit Cancel

To dismiss or reassign a case, submit a Support Request stating this needs to be done. Include the case investigation ID and/or patient ID.

After LHD Submits for Review



Case Investigation Reports (9)							Print 	Options ▾
INEDSS ID	Condition	Patient Name	Start Date	Submitted	Reviewed	Changes Requested		
2011ANIBI34	Animal Bites	<u>BULLOCK, SAM</u>	09/07/2011	✓	✓	✕	View	File
2011ANIBI41	Animal Bites	<u>CISSELL, EBERT</u>	09/23/2011	✓	✓	✕	View	File
2011ANIBI61	Animal Bites	<u>RAYMOND, RACHEL</u>	10/18/2011	✓	✓	✕	View	File
2011ANIBI30	Animal Bites	<u>SPENCER, DAVID</u>	09/02/2011	✓	✓	✕	View	File

Animal Bite Case Investigations will appear immediately as “Submitted” and “Reviewed.” Investigator may “File” report to remove case from My Reports.

Process of Animal Bite Reports

Reporter submits Animal Bite CDR

LHD receives Animal Bite notification
and starts a Case Investigation

LHD reviews and/or requests required
data, then Submits Case Investigation
for Review (process completed)



Paper Animal Bite Report

If I-NEDSS cannot be used for an Animal Bite Report, please submit the paper Animal Bite Report form which is located online:

<http://www.in.gov/isdh/19042.htm>



Questions and Review

Thank you!

If you have questions or comments,
please contact the I-NEDSS Support Desk:

I-NEDSS@isdh.IN.gov or call 317.233.7379



Indiana State
Department of Health